

# STATE OF UTAH BI-WEEKLY TIME SHEET

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Agency/Org/Dist Number: 270/\_\_\_\_\_/\_\_\_\_\_

Dept/Org Name: DEPARTMENT OF HEALTH/\_\_\_\_\_

Default Charging: FUND: 100 AGENCY: 270 ORG: \_\_\_\_\_ APPR: \_\_\_\_\_ ACTIV: \_\_\_\_\_ RPT/CAT: \_\_\_\_\_ PROJECT: \_\_\_\_\_

Date	Hours Worked*	Annual A	Sick S	Comp C	Holiday H	Other: Code	Hrs	Code	Hrs	Code	Hrs	Daily Total	Shift Code	On-Call to be paid	Approval Initials	Agency Optional Field
Sat																
Sun																
Mon																
Tue																
Wed																
Thu																
Fri																
Week 1 Total																

Date	Hours Worked*	Annual A	Sick S	Comp C	Holiday H	Other: Code	Hrs	Code	Hrs	Code	Hrs	Daily Total	Shift Code	On-Call to be paid	Approval Initials	Agency Optional Field
Sat																
Sun																
Mon																
Tue																
Wed																
Thu																
Fri																
Week 2 Total																
PAY PERIOD TOTAL																

\* Hours worked are defined by Federal and State law. For further clarification, see State DHRM rules for FLSA time reporting requirements.

By signing this time sheet, I verify that the above reported hours worked and leave used are accurate for this pay period.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_

This time sheet is to be filed in each department. This is a data entry document and is not to be submitted to the Division of Finance.

For Department Use Only

Shift 1 \_\_\_\_\_ (No. of hrs)

Shift 2 \_\_\_\_\_ (No. of hrs)

Shift 3 \_\_\_\_\_ (No. of hrs)